



Report Calls for Managed Health Care to Be Shaped to Children's Needs

In the Summer/Fall 1998 issue of its journal *The Future of Children*, the David and Lucille Packard Foundation calls on the managed health care industry to take advantage of an opportunity to create a system that works for children.

Children are being enrolled in managed care plans at a higher rate than adults, according to the Executive Summary of the journal issue on "Children and Managed Health Care." The authors conclude, however, that the industry "has yet to capitalize on...opportunities to improve care for children on a wide scale."

While reducing overall health costs and improving access to preventive care for privately insured children, managed care has decreased access to preventive care for children enrolled in Medicaid and reduced access to specialty care for insured children with chronic or disabling illnesses, according to the authors.

"Managed care has the opportunity to improve the delivery, quality, and financing of health care services

for children," the authors write. Specific recommendations summarized in the Executive Summary include:

- Identify the aspects of managed care that work and do not work for children.
- Ensure that health insurance bene-

fit packages meet children's needs.

- Assure that managed care plans provide access to appropriate pediatric specialists for children with chronic or disabling conditions.
- Improve coordination between managed care organizations and other service providers.
- Require health plans to include mechanisms that encourage active parental involvement.
- Include managed care organizations in efforts to ensure that the health care needs of uninsured children are met.
- Develop fair reimbursement rates, particularly for children with special health care needs.
- Reward health plans for improving the health of children.

Free copies of the Future of Children journal and the Executive Summary of the Summer/Fall issue are available from Circulation Dept., David and Lucille Packard Foundation, 300 Second St., Suite 200, Los Altos CA 94022; fax 650-948-6498; e-mail <circulation@futureofchildren.org>. ■

NIOSH Sets Research Agenda for Traumatic Occupational Injuries

The "human, social, and financial" toll of work-related traumatic injuries rivals the burden imposed by health threats such as cancer and cardiovascular disease, according to a report published by the National Institute for Occupational Safety and Health (NIOSH).

The NIOSH report, developed by a team representing government, industry, labor, and academia, describes a research framework for understanding and thus preventing traumatic occupational injuries.

Occupational injuries and fatalities may result from motor vehicle crashes, workplace violence, falls, contact with machinery, electric shocks, fires and explosions, and many other causes. The report notes that even at worksites with safety programs, at which the rate of fatal injuries may be quite low, the rate of disabling injuries can be quite high.

Copies of Traumatic Occupational Injury Research Needs and Priorities are available from Publications Dissemination, NIOSH, 4676 Columbia Pkwy., Cincinnati OH 45226; tel. 800-35-NIOSH; fax 513-533-8573; e-mail <pubstaft@cdc.gov>. ■

Not All HEALTH PLAN CONSUMERS Protected Equally, Study Finds

Nationally, only Medicare managed care enrollees have consumer protections that, if properly enforced, are largely consistent with the provisions of the Consumer Bill of Rights and Responsibilities (CBRR) developed by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, according to a study by the Kaiser Family Foundation.

Medicaid beneficiaries have fewer explicit Federal protections than Medicare beneficiaries, but implementation of the Balanced

Budget Act of 1997 could bring Medicaid's standards closer to Medicare's, note the authors of the study.

Some states' managed care licensing standards exceed Medicare's and go well beyond the CBRR recommendations, the study finds, but standards vary considerably across states and in many states fall well below this level of protection.

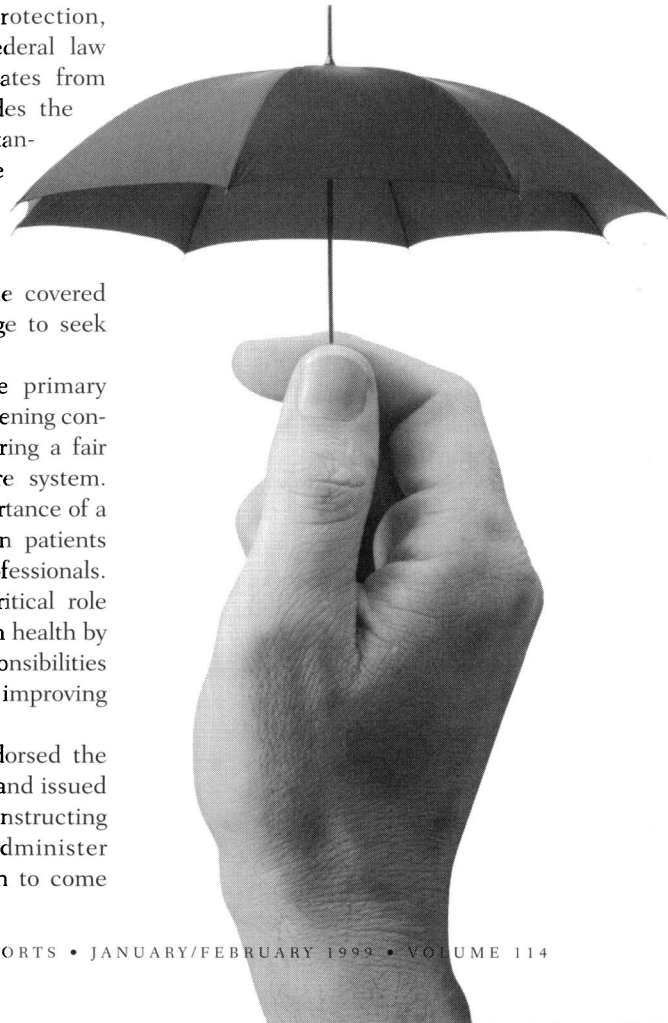
Most current Federal standards for private health plans do not, and were not designed to, address major elements of consumer protection, the study report says. Federal law also generally prevents states from filling this gap. It precludes the application of any state standards for workers who are in self-insured employer-based plans (almost half of covered workers) and limits the ability of anyone covered by employer-based coverage to seek redress under state law.

The CBRR sets three primary goals. One calls for strengthening consumer confidence by ensuring a fair and responsive health care system. Another reaffirms the importance of a strong relationship between patients and their health care professionals. The third reaffirms the critical role consumers play in their own health by establishing rights and responsibilities for everyone involved in improving health status.

The President has endorsed the CBRR for all health plans and issued a Presidential Directive instructing Federal agencies that administer health plans to take action to come

into compliance with the CBRR. In some instances, the agencies have indicated they would need additional statutory authority to fully comply.

Copies of Protection for Consumers in Managed Care Plans: A Comparison of Medicare, Medicaid and the Private Insurance Market are available free of charge from the Kaiser Family Foundation's publication request line; tel. 800-656-4533. ■





GRADUATE EDUCATION PROGRAMS IN LIFE SCIENCES SHOULD CURTAIL GROWTH

The number of students receiving doctorates in life sciences exceeds the research positions available in academia, government, and industry, according to a study published by a committee of the National Research Council.

The number of doctorates in life sciences awarded annually by US universities rose 42% from about 5000 in the mid-1980s to more than 7600 in 1996, according to the study. But opportunities to pursue independent research projects at universities, industry, or in government laboratories are not growing as quickly. The number of life scientists holding faculty positions at universities has increased only 2.5% a year since 1973. Industry appointments have risen almost 7% each year during the same period, and employment at government laboratories has shown only modest growth.

As a result, according to the study, five or six years after receiving their

doctorates, as many as 38% of PhD recipients are still unable to establish independent research projects. About 20,000 postdoctoral fellows are working for other investigators and receiving additional training as they seek permanent positions. Many of them will spend up to five years in these typically low-paying fellowships, competing with a rapidly growing pool of young doctorate recipients for a limited number of permanent jobs.

Moreover, the job market is unlikely to improve in the near future, the committee said. Although Federal and private funding for life sciences research has been increasing steadily for years, the money is not being used to create permanent research jobs; universities are instead creating non-tenured positions.

The report suggests that universities and research institutions should not continue to expand enrollment in graduate education programs or develop new ones—unless they are

directed at a specific need, such as increasing the number of minority students in a certain area or providing trained researchers for emerging new fields.

Universities should restrain the enrollment of both foreign and US students equally, the committee report says, but setting limits on the number of visas issued to foreign students is not advisable. As many as a quarter of all PhD degrees awarded annually since 1987 have gone to students who were not US citizens, and many recipients are recruited from abroad to fill post-doctoral fellowships. Foreign nationals have contributed greatly to US science leadership, the report points out, and achievements and modern science has become an international endeavor.

Federal agencies involved in education and research in life sciences should place increasing emphasis on training grants and individual graduate fellowships, the committee said.

The committee's report also recommends that universities should identify specific areas in biomedical and biological sciences for which a focused master's degree program would be more appropriate than doctoral training. Such programs should be geared toward opportunities in the labor market.

The committee's study was funded by the National Institutes of Health, the National Science Foundation, the Burroughs-Wellcome Fund, and the National Research Council.

Copies of Trends in the Early Careers of Life Scientists are available from the National Academy Press, 2101 Constitution Ave. NW, Washington DC 20418; tel. 202-334-3313 or 800-624-6242; for \$39 (prepaid) plus shipping charges of \$4 for the first copy and 50 cents for each additional copy. ■

US, RUSSIA COLLABORATE on Post-Traumatic Stress

The shift in the geopolitical climate has raised new questions about the best ways to respond to threats and disasters—both natural and intentional.

Of particular concern to the Substance Abuse and Mental Health Services Administration (SAMHSA)—the lead Federal agency for coordinating mental health services after national disasters—is the task of adapting these efforts to the emerging needs of the 21st century.

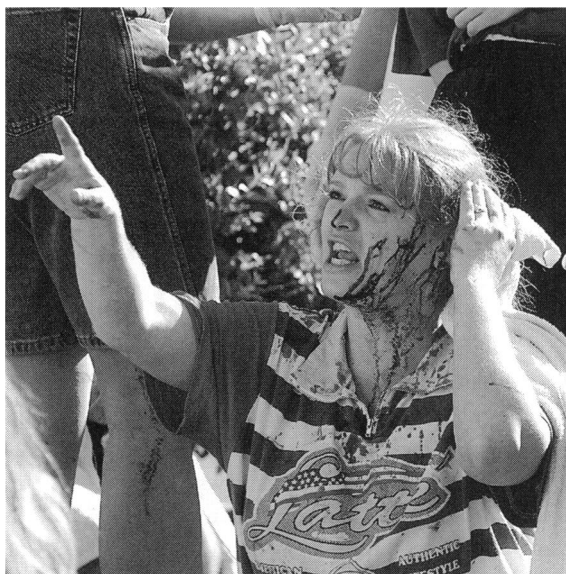
According to Brian Flynn, EdD, of SAMHSA's Center for Mental Health Services (CMHS), the Center is taking steps to exchange disaster-related mental health information with new allies and to explore new responses to the mental health needs of people affected by terrorist-perpetrated trauma.

"Russian psychiatrists have not had sufficient access to the wealth of literature on mental health response to disasters," Dr. Flynn says. "Likewise, we haven't been able to learn about their approach, which is very different in some ways from ours. So we've begun efforts to set up ongoing channels for sharing this information."

The basis for the American-Russian collaboration was established in February 1997, when the Health Committee of the US-Russian Commission on Economic and Technological Cooperation (known informally as the Gore-Chernomyrdin Commission because of the two principal participants) identified mental health conse-

quences of disaster as an area of mutual concern.

In September 1997, representatives of CMHS and the National Institute of Mental Health visited two Russian polyclinics, where they were able to view firsthand the delivery of



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mental health services. A reciprocal visit by Russian representatives took place in March 1998.

"Major differences in terminology surfaced immediately in the areas of both disaster relief and mental health," notes Dr. Flynn. What we call 'crisis counseling' they call 'treatment.' Their basis for diagnosing Post Traumatic Stress Disorder is also different from ours."

Several activities have been initiated and others are planned to promote collaboration between the two countries. In addition to efforts directed at developing a common nomenclature, the groups are discussing strategies for dealing with the media during and following disasters

and for establishing a telehealth network. CMHS hopes to hold an international symposium on the mental health consequences of terrorism in Oklahoma City in April 1999, to coincide with the fourth anniversary of the bombing of the Federal building there.

In addition, CMHS has a new initiative to address the emotional and psychological consequences of terrorism.

"The end of the Cold War brought with it the realization of a loss of centralized control in weapons of mass destruction and a heightened sense of vulnerability," according to Robert E. DeMartino, MD, who is heading the initiative. "Before, there were two superpowers controlling most of the world's military power. But now there are many smaller groups with their own political or religious or other strongly motivated agendas who may decide to take action on their own, with no warning." For some groups, he notes, chemical and biological weapons can provide the ideal, low-cost, easily transportable means of attack.

Dr. DeMartino also points out that in addition to the medical effects of terrorist incidents, "the social, economic, emotional, and psychological consequences are extremely important.... In the wake of a terrorist attack, we will see many times—perhaps three to ten times—more psychological than physical casualties. Communities may be affected over weeks, months, and even years.... I think it makes more sense to think about it and plan now than to wait until an attack occurs."

As in the case of natural disasters, SAMHSA is concerned with the mental health not only of survivors but also of rescuers and other emergency personnel. ■

Follow-up Guide Issued on Medicine and Public Health Collaboration

To follow up on a 1997 monograph, the New York Academy of Medicine has issued a *Pocket Guide to Cases of Medicine & Public Health Collaboration* to give readers direct access to the cases on which the monograph is based.

Available in print form and as an interactive, searchable database on the World Wide Web, the *Pocket Guide* is structured so that users can quickly identify collaborations that share one or more characteristics of interest.

Each case is described in a brief narrative abstract that includes a contact person or literature citation. In addition, the cases are indexed according to the multidimensional framework developed in the 1997 publication.

The Internet version of the *Pocket Guide* allows users to search multiple index terms simultaneously, to search the text of case abstracts, and to network on-line.

Both versions provide readers with instructions for submitting new cases of collaboration to be added.

The *Pocket Guide* was funded by the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation. The 1997 monograph, *Medicine & Public Health: The Power of Collaboration*, was sponsored by the American Medical Association and the American Public Health Association.

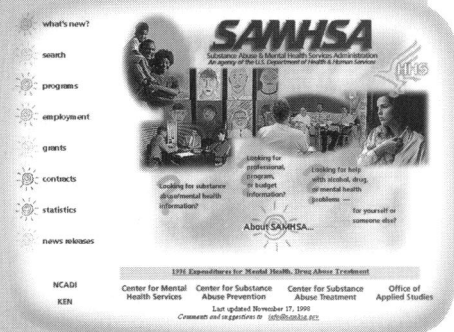
The *Pocket Guide to Cases of Medicine and Public Health Collaboration* is available from the New York Academy of Medicine, 1216 Fifth Ave., New York NY 10029; tel. 212-822-7250; fax 212-426-6796; or on the World Wide Web at www.nyam.org/pubhlth.

SAMHSA PUBLISHES: Data Source Book

A publication of the Substance Abuse and Mental Health Services Administration (SAMHSA), *Substance Abuse and Mental Health Statistics Source Book, 1998*, combines recent data from a variety of sources, including large-scale national studies, to offer an overview of substance abuse, mental illness, and co-occurring disorders in the United States.

The *Source Book* addresses topics of interest to researchers, program administrators, practitioners, and the public.

Each topic is presented in a brief, two-page format. The left page contains a summary of data highlights in bullet form and the related data table with source notes. The right page shows a graphic representation of data from the table, which readers may incorporate into public presentations or printed proposals.



Report on Older Adults and Substance Abuse

An estimated 2.5 million older adults have alcohol-related problems. In addition, misuse and abuse of prescription drugs are prevalent among older adults—not only because they have more drugs prescribed for them, but also because aging makes them more vulnerable to the effects of the drugs. This is particularly true when some drugs are taken in combination with alcohol.

Health care providers tend to overlook substance abuse and misuse among older people, mistaking the symptoms for those of dementia, depression, or other problems common to this population, according to a report released by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment.

Substance Abuse among Older Adults, the latest publication in the Center's Treatment Improvement Protocol series, offers recommendations to health care providers and other practitioners who serve older Americans.

Copies of the *Substance Abuse and Mental Health Services Source Book, 1998*, and *Substance Abuse among Older Adults (TIP 26; administrators' version—BKD250; clinicians' version—BKD250C)* are available from the National Clearinghouse for Alcohol and Drug Information, a service of SAMHSA, PO Box 2345, Rockville MD 20847-2345; tel. 800-729-6686 or 800-487-4889 (TDD); website www.samhsa.gov.

Helping public health officials hook up to the Internet and making it easier for them to access health information is the goal of Partners in Information Access, a joint project of the National Institutes of Health's National Library of Medicine (NLM), NLM's National Network of Libraries of Medicine, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Association of State and Territorial Health Officials, and the National Association of County and City Health Officials.

NLM and the National Network of Libraries of Medicine have awarded 13 contracts totaling

\$650,000 as a first step toward this goal.

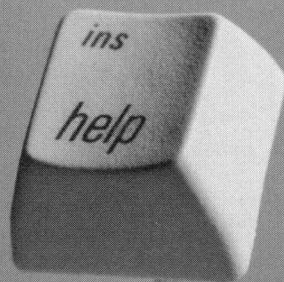
"Public health officials, as a group, have inadequate access to information services and technology," said Donald A.B. Lindberg, MD, the Director of NLM. "This new initiative will allow them to get training and the latest health information in order to respond more effectively to disease outbreaks and environmental health risks that affect the health and well-being of entire communities."

Surgeon General David Satcher, MD, praised the new initiative, noting that helping the public health workforce will lead to improved health for the American public.

The 13 projects are scattered around the United States in rural and other underserved areas from Alaska

to Vermont. They offer information services to public health professionals addressing a variety of community health problems and special populations. Sites include: University of Alaska, Anchorage; Mercer University School of Medicine, Macon, GA; Hawaii Medical Library, Honolulu; University of Iowa, Iowa City; University of Illinois at Chicago; University of Nevada, Reno; State University of New York at Buffalo; Southern Regional Area Health Education Center, Fayetteville, NC; East Carolina University and Eastern Area Health Education Center, Greenville; University of Pittsburgh, PA; Upper Savannah Area Health Education Consortium, Greenwood, SC; University of Texas Southwestern Medical Center at Dallas; University of Vermont, Burlington. ■

Public Health Officials to Get New COMMUNICATION TOOLS





States Cleaning Up Thousands of Contaminated Sites, Study Reveals

States have remediated more than 40,000 contaminated sites not on the Federal Superfund list, according to the Environmental Law Institute's latest report in its series on state hazardous substance clean-up programs. The Institute has been collecting and analyzing data on all state Superfund programs since 1989.

Prepared in cooperation with the Environmental Protection Agency's Office of Emergency and Remedial Response, *An Analysis of State Superfund Programs: 50-State Study, 1998 Update* examines the clean-up programs of the 50 states, Puerto Rico, and the District of Columbia.

States cleaned up more than 5500

sites in 1997, according to the report, reducing the number of sites still in need of clean-up to 24,000 from the 1993 high of 40,000. The number of known and suspected sites has declined as well, to approximately 69,000, from 100,000 in 1993.

The study also examined voluntary, or "brownfields," clean-up and redevelopment programs. Forty-four states reported having voluntary programs, up from 14 states in 1993.

Copies of the report can be ordered from ELI, 1616 P St. NW, Suite 200, Washington DC 20036; tel. 800-433-5120 or 202-939-3844; e-mail <orders@eli.org>. The cost is \$50; discounted rates apply for nonprofit and government organizations. ■

NEW Mine Health Standards Proposed

The average concentrations of diesel particulate matter (DPM) in underground mines that use diesel equipment are up to 200 times the average concentrations in even the most heavily polluted urban areas, according to the US Mine Safety and Health Administration (MSHA). DPM is composed of tiny particles, usually less than a micron in size; exposure to high concentrations of DPM increases miners' risk for serious health problems such as lung cancer.

Of the approximate 260 underground metal and nonmetal mines in this country, 203 use diesel-powered equipment.

MSHA has proposed new rules that establish health standards for underground mines using diesel-powered equipment. According to Davitt McAteer, Assistant Secretary of Labor for Mine Safety and Health, the proposed rule "would significantly reduce the level of exposure" to DPM by establishing a concentration limit to be phased in over a five-year period. Mine operators would also be required to provide training for workers on the hazards of DPM and methods used to control exposure.

Interested parties are invited to submit comments on the proposed rule before February 26, 1999, to the Office of Standards, Regulations, and Variances, MSHA, 4015 Wilson Blvd., Rm. 631, Arlington VA 22203; fax 703-235-5551; e-mail <comments@msha.gov>. ■